



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK April 22, 2004

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

Dionne M. Hall 2210 Sullivan Road Apartment 18-4 College Park, GA 30337

04-R-0558

Dear Ms. Hall:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on April 19, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly,

Rhonda Dauphi**n** Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

Atlanta City Council

Regular Session

CONSENT I PG(S) 1-18, EXCEPT:04-R-0538 04-O-0487 04-R-0473 ADOPT

YEAS: 14
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 0

Y Smith Y Archibong Y Moore Y Mitchell Y Starnes NV Fauver Y Martin Y Norwood Y Young Y Shook Y Maddox Y Willis Y Winslow Y Muller Y Boazman NV Woolard

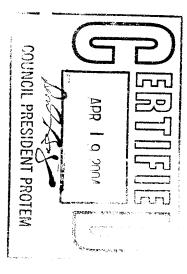
DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>03L0511</u>		Date: March 16, 2004				
Claimant /Victim DIONNE M. HALL						
BY: (Atty) (Ins. Co.)						
Address: 2210 Sullivan Road 18-4		rgia 30337				·
Subrogation: Claim for Propert	v damage \$ 2.0	00.00	Ro	ndily Injury	\$	
Date of Notice: 07/10/03	Method: Written	proper	X	July Injury	Improper	
Conforms to Notice: O.C.G.A. §36-33-5	X	p. op 01	Ante Liten	n (6 Mo.)	. Improper X	
Date of Occurrence 05/15/03	Place:	2685 Ste	wart Aveni	16 (0 1710.)	<u>A</u>	
Department Fire Services B	iireaii.	Divi	sion:			
Employee involved		Disciplinar	v Action:			-
		2 10 0 1 p 1111 u 1	<i></i>			
NATURE OF CLAIM: The claimant alle	eges that she sustair	ned damage	s as a result	of an autom	obile accident a	2685 Stewart
Avenue. However, the claimant has electe	d to receive paymen	nt for her da	amages thro	ugh her insi	rance carrier	. 2003 Stewart
				<u></u>	aranee carrier.	
INVESTIGATION:						
Statements: City employee	Claimant	Others	7	Written	Oral	
Pictures Diagrams	Reports: Police		Dept Repor	t	Other	X
Traffic citations issued: City Driver		Claimant	Driver			
Citation disposition: City Driver		_ Claimant I	Driver			
BASIS OF RECOMMENDATION:						
Function: Governmental X		Ministerial				
Improper Notice More than S	Six Months	Othe	r <u>X</u>	_ Damages	reasonable	
City not involved Repair/replacement by Ins. Co	Offer rejected		Compi	romise settle	ement	
Repair/replacement by Ins. Co.	X	_Repair/rep	lacement by	y City Force	es	
Claimant Negligent City 1	Negligent	Joint		_Claim Aba	andoned	
		Respect	fully submi	tted,		
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		\mathcal{J}_{l}	Nota.	/-		
		(Δv)	MIM	/hu		
		MVES'	TIGATOR -	- LISA CAI	RTER	
DECOMMEND A TYON						
RECOMMENDATION:						
Pay \$	/ V		.J. 1 4 A 1	0.10	1 01101	
Pay \$ Adverse	Acc	count charg		2J0	12H01_	
Claims Manager:	and C		cur/date	07/17/C	<i>y</i>	
Committee Action.		_Council A	ction	· · · · · · · · · · · · · · · · · · ·	/	

FORM 23-61

	OLUJII - IIISA CARIER	Carter
COUNCIL OF THE CITY OF ATLANCE CERK OF COUNCIL City Hall STOOT S. W.	O 2003 PAP CLAIM FOR DA	MAGES 06/13/03
ear Sir: This is to notify the City of the sum of \$ 2,000 property and/contend the City is liable.	Atlanta that I have su or \$ bodily in	ffered damages jury for which
Date of incident: 5 5 30 (month day ye Location of incident: 2685 5)	2. Police called ar)	(yes) (No)
Name of your insurance company	State Faich P	olicy #5399 Floi
S, State what and how incident occ		
thensel down the olde thinked me.	I supplied bushes I could be	t go Jaussel. When
the truck got to chose I backed in		
	e lendo eco;	ide if necessar
FALSE STATEMENTS WILL RESULT IN IN CRIMINAL PROSECUTION!	YOUR CLAIM BEING DENIE	D AND MAY RESULA
FALSE STATEMENTS WILL RESULT IN	YOUR CLAIM BEING DENIE the claim for vehicle d	D AND MAY RESULA
The registered owner must make Complete the following and attack Your vehicle: (make) (year)	the claim for vehicle deched two (2) estimates (tag#) (drive	amages. of repair. er's name)
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2√84 JWP 04- R -0558



Entered - 06/17/03-sb CL - 03L0511 LISA CARTER

CLAIM OF: DIONNE M. HALL

2210 Sullivan Road 18-4 College Park, Georgia 30337 04- p-0558

For damages alleged to have been sustained as a result of an automobile accident on May 15, 2003 at 2685 Stewart Avenue.

THIS ADVERSED REPORT IS **APPROVED**

BY:

JERRY L. DELOACH DEPUTY CITY AITTORNEY

ADVERSE REPORT

PUBLIC SAFTEY &

LEGAL ADMINISTRATION COMMITTEE